

# Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

Presumptive  
Eligibility for  
Pregnant  
Women  
Providers

HMOs and Other  
Managed Care  
Programs

## Income guidelines for determining presumptive eligibility for pregnant women

Wisconsin Medicaid is reissuing the Presumptive Eligibility for Pregnant Women Income Guidelines in this *Wisconsin Medicaid and BadgerCare Update*. This information was previously issued to providers in a memorandum from Wisconsin Medicaid. Use these guidelines in conjunction with the instructions in the Guide to Determining Presumptive Eligibility for Pregnant Women.

Refer to the Attachment of this *Update* for the presumptive eligibility for pregnant women income guidelines, effective on and after May 1, 2002. These guidelines are based on Federal Poverty Level guidelines. Providers should use these guidelines in conjunction with the instructions in the Guide to Determining Presumptive Eligibility for Pregnant Women, which can be downloaded from the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

# ATTACHMENT

## Income guidelines for determining presumptive eligibility for pregnant women, effective May 1, 2002

Table I — 133% of FPL* income limits		Table II — 185% of FPL income limits	
Monthly income		Monthly income	
Family size	Standard	Family size	Standard
2	\$1,323.35	2	\$1,840.75
3	\$1,664.72	3	\$2,315.58
4	\$2,006.08	4	\$2,790.42
5	\$2,347.45	5	\$3,265.25
6	\$2,688.82	6	\$3,740.08
7	\$3,030.18	7	\$4,214.92
8	\$3,371.55	8	\$4,689.75
9	\$3,712.92	9	\$5,164.58
10	\$4,054.28	10	\$5,639.42
If a family unit exceeds 10, add \$341.37 per month for each additional member.		If a family unit exceeds 10, add \$474.83 per month for each additional member.	

\*FPL — Federal Poverty Level

*Note:* For women who meet the income limits under Table I, assign medical status code "PE." For women who meet the income limits under Table II, assign medical status code "P2." This allows the Department of Health and Family Services to claim the proper federal reimbursement.